

THE QUESTION OF LUCID INTERVALS IN INSANITY.*

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BY the term lucid interval is to be understood a condition in which there is a total cessation of the symptoms of mental aberration and a complete restoration to reason occurring between any two paroxysms of insanity. With this understanding of a lucid interval it must be regarded as a rare occurrence. In fact, it probably does not exist except in the recurrent and epileptic forms of insanity, and in certain varieties of monomania and of morbid impulses. As thus defined, it differs essentially from those remissions which occur in the violence of all kinds of mental aberration, and in which, while to a superficial observer the patient is sane, careful investigation by a skilful physician will not fail to reveal the evidences of unsoundness of mind. It is necessary to draw the line closely between these two conditions, and this is especially necessary in many medico-legal cases, in which it is important to show the state of an individual's mind at the time certain acts are alleged to have been done.

Shelford¹ defines a lucid interval as "not a remission of the complaint, but a temporary and total cessation of it,

*An extract from a chapter in the forthcoming "Treatise on Insanity in its Medical Relations."

¹ "A Practical Treatise on the Law concerning Lunatics, Idiots, and Persons of Unsound Mind," London, 1833, p. lxx.

and complete restoration to the perfect enjoyment of reason upon every subject upon which the mind was previously cognizant"; and he adds: "The determination as to the existence of a lucid interval requires attentive observation and long and repeated examination by a person acquainted with the subject of the patient's insanity."

Taylor¹ says, with apparently less decision: "By a lucid interval we are to understand, in a legal sense, a temporary cessation of the insanity, or a perfect restoration to reason. This state differs entirely from a remission in which there is a mere abatement of the symptoms. It has been said that a lucid interval is only a more perfect remission, and that although a lunatic may act rationally and talk coherently, yet his brain is in an excitable state, and he labors under a greater disposition to a fresh attack of insanity than one whose mind has never been affected. Of this there can be no doubt, but the same reasoning would tend to show that insanity is never cured, for the predisposition to an attack is undoubtedly greater in a recovered lunatic than in one who is and has always been perfectly sane. Even admitting the correctness of this reasoning, it cannot be denied that lunatics do occasionally recover, for a longer or shorter period, to such a degree as to render them perfectly conscious of and legally responsible for their actions with other people."

All this is very true, but a cure is a very different thing from a lucid interval, for the latter, properly speaking, if it exists at all, must be a part of the disease, during which the tendency to a return is present to such a degree that the paroxysms will almost certainly recur. A complete restoration to mental health may be followed by a recurrence of the insanity, but then the period of cessation is scarcely a lucid interval in the true sense of the term, and

¹ "The Principles and Practice of Medical Jurisprudence," vol. ii, second edition, London, 1873, p. 484.

the return should be regarded as a fresh attack. If the period during which an individual is entirely well, and extending, as it may, over several years, is to be regarded as a lucid interval, nearly every kind of insanity exhibits it.

A patient, for instance, suffers with an attack of acute mania for several months, is restored to health, goes about his business, and attends to it as well as he ever did, perhaps marries, and has children. Undoubtedly a predisposition to another attack exists, but this may never be excited into action, and the person is regarded by every one as permanently cured. But, on the other hand, the tendency may, through some sufficiently exciting cause, be roused into activity, and another paroxysm, after many years of perfect health, mental and physical, be developed. Is it not stretching the point a good deal to call this period a lucid interval? Dr. Taylor, while avoiding the Scylla of remission, runs foul of the Charybdis of cure.

The case of *Cartwright vs. Cartwright* was adjudicated upon the presumption that the patient, a lunatic, had a lucid interval when she wrote her will. The testatrix had for some time been, as all acknowledged, insane. There were no collateral circumstances to indicate the existence of a lucid interval. She was in restraint at the time she made her will, and her hands were unbound so that she could hold a pen. She was alone when she performed the act, though observed through an aperture by persons in an adjoining room, who deposed that, while engaged in doing it, she frequently left off writing, threw the pieces of paper into the fire, and walked about the room in a disordered manner. But the paper itself had no mark of irritation. Whatever outward appearance of disorder there may have been, it had no effect upon the writing itself, which was a perfectly steady and correct performance, entirely consistent with her attachments, impressions, and habits when in

a sane condition, and written without a single mistake or blot. The will was planned and completed by the testatrix without any assistance, and afterward recognized by her.¹ Sir William Wynne, in deciding in favor of the will, said: "The strongest and best proof that can arise as to a lucid interval is that which arises from the act itself, which is the thing to be first examined, and if it can be proved and established that it is a rational act rationally done, that is sufficient." But if the performance of "a rational act in a rational manner" is sufficient to establish the existence of complete sanity—for that is what a lucid interval is,—nearly every lunatic is sane. To go to the fire for warmth, to put butter on bread, to wash clothes, to dig in the garden, to make baskets, are "rational acts rationally done," but they do not establish the existence of complete sanity. For this purpose, not only a single act or a dozen acts must be "rational and done rationally," but *all* the acts must come under this category. The idea that during a paroxysm of acute mania a person can be sane enough to make a valid will, the period of so-called lucidity lasting at most an hour, is simply absurd. Even a much longer duration of apparent sanity is frequently only a superficial glaze of rationality, which may be broken through by the slightest impression. A case which is of striking application to the point under notice is within my knowledge. A gentleman of this city became, during a period of great excitement, temporarily insane. After a not very long attack of acute mania, he was apparently restored to reason, and was about resuming his business, when he conceived the idea of making his will. He sent for his lawyer, and dictated clearly and fully all the provisions which he wished inserted in this document. His property was large, but he made such a disposition of it as his legal friend thought rational if not just.

¹ Shelford, *op. cit.*, p. 290.

The will was signed, witnessed, and committed to the lawyer's hands for safe keeping. Soon afterward the gentleman had a relapse; he recovered, however, and was finally pronounced cured. Two years afterward, meeting the lawyer in the street, he requested him to come to his house that evening, as he wished him to draw up his will. His friend asked him if he desired to cancel the will already made, and which he had in his safe. "I have never made a will," replied the gentleman. "Yes," answered the lawyer, "I drew one up for you more than two years ago; you signed it; it was witnessed, and is now in my safe." The gentleman was astonished. He had no recollection of the matter, and when the will was shown to him he expressed the utmost surprise and regret at some of the provisions, which, as he said, were altogether different from those he would have made had he been of sane mind at the time. The will was destroyed, and a new one executed, differing essentially from that which he had dictated during his so-called lucid interval.

In a review of Redfield's "*Law of Wills*,"¹ Dr. Isaac Ray makes some excellent remarks relative to the theory of lucid intervals, which, I think, fairly express the prevailing doctrine on the subject among the most intelligent physicians of the present day. He says:

"No phenomenon of insanity has played a wider part in medical jurisprudence than lucid intervals, so called, and no one, we may also say, has been more differently understood. And the fact is not surprising, for they indicate a phase of the disease which none but those who have been long and intimately connected with the insane can correctly appreciate. The descriptions of it in books serve to make the matter very clear, and leave the impression that lucid intervals are frequent occurrences, and easily distinguished

¹ *American Journal of Insanity*, April, 1865, p. 515.

from other remissions of the disease; and here lies the mischief, that of using a phenomenon which is complicated with many conditions not easily discernible for any important practical purpose. It is to be regretted that the phrase, implying as it does a foregone conclusion, ever found its way into the law. It certainly has led to mistakes, and will lead to many more before it ceases to influence the decisions of the courts. One author (Judge Redfield) inclines to believe that there is no essential difference between a lucid interval and a remission of the disease, and such we suppose to be the view generally entertained by those who are specially acquainted with the subject. The idea of a lucid interval being a temporary cure is now confined, we apprehend, to the writings of those whose notions of the disease have been derived from books rather than from the wards of a hospital. Like most other diseases, insanity is subject to remissions more or less complete, and there is no more propriety in regarding them as recoveries than there would be in considering the intervals between the paroxysm of a quotidian fever as a temporary recovery. And if the disease remained in any condition whatever, it is mere presumption to say that the operations of the mind are entirely beyond its influence. This effect may not be very obvious, but the fact of its possible existence should render us cautious how we regard the acts of the insane during a lucid interval. In criminal cases the occasion will seldom arise, but in the matter of wills and contracts the decision will often depend on the speculative views that prevail on the subject."

It is thus seen that Dr. Ray doubts the existence of lucid intervals in the sense in which they are commonly understood by lawyers, and as defined in the beginning of this description.

Relative to the subject, Dr. George Combe¹ says: "But,

¹ "Observations on Mental Derangement," Edinburgh, 1831, p. 221.

however calm and rational the patient may be during the lucid intervals, as they are called, and while enjoying the quietude of domestic society or the limited range of a well-regulated asylum, it must never be supposed that he is in as perfect possession of his senses as if he had never been ill. In ordinary circumstances and under ordinary excitement, his perceptions may be accurate and his judgment perfectly sound, but a degree of irritability remains behind which renders him unable to withstand any unusual emotion, any sudden provocation, or any unexpected or pressing emergency. Were not this the case, it is manifest that he would not be more liable to a fresh paroxysm than if he had never been attacked, and the opposite is notoriously the fact; for relapses are always to be dreaded, not only after a lucid interval, but even after perfect recovery; and it is but just, as well as proper, to keep this in mind, as it has too often happened that the lunatic has been visited with the heaviest responsibility for acts committed during such an interval which previous to the first attack of the disease he would have shrunk from with horror."

Dagonet¹ declares that "the lucid interval is no more health than the intermission between the attacks of ague is a cure. However much restored the reason may apparently be, the individual is placed in a special situation which the least circumstance may easily and instantaneously transform into one of disease. Doubtless the distinction is often difficult to establish; it belongs to the physician, and, above all, to the physician who has devoted himself to the study of insanity, to fix the character after an attentive examination in certain special cases. Thus, it is not rare to observe, in the asylums for the insane, some

¹ "Nouveau traité élémentaire et pratique des maladies mentales," Paris, 1876, p. III.

patients, in the moments of remission in their affections, show themselves to be calm and rational to such a degree that it would be difficult to prove that they were at all in an insane condition. If, however, they were in any way to be subjected to the excitements of life, they would immediately return to their state of intellectual derangement."

There is a great deal more that might doubtless be adduced relative to lucid intervals, were it not for the fact that the subject in most of its relations appertains to the domain of medical jurisprudence. Enough has, however, been said to show that full, complete intervals in the course of an attack of insanity, during which the individual is well, and would so be pronounced by competent observers, are exceedingly rare. They are only to be found, in my opinion, in recurrent mania and the other forms previously mentioned. Remissions are common enough, but a remission is not a restoration to health, and the patient in whom it is exhibited ought not to be regarded as being possessed of legal responsibility.